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OCT 27 2006

NO. 4182 P. 2

<p align="center">REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</p> <p>Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	Application No.	10/717,131
	Filing Date	November 19, 2003
	First Named Inventor	ONISHI, Hideshi
	Group Art Unit	1724
	Examiner Name	WU, Ives J.
	Attorney Docket No	225270
	Client Reference No	201156

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

<p>1. Submission required under 37 CFR 1.114</p> <p>a. <input type="checkbox"/> Previously submitted</p> <p>i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on (Any unentered amendment(s) referred to above will be entered.)</p> <p>ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on</p> <p>iii. <input type="checkbox"/> Other:</p> <p>b. <input checked="" type="checkbox"/> Enclosed</p> <p>i. <input checked="" type="checkbox"/> Amendment/Reply</p> <p>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)</p> <p>iii. <input type="checkbox"/> Information Disclosure Statement (IDS)</p> <p>iv. <input type="checkbox"/> Form PTO-1449</p> <p>v. <input type="checkbox"/> Copies of References listed in Form PTO-1449 (except for U.S. patents and applications)</p> <p>vi. <input type="checkbox"/> Other:</p>																																																						
<p>2. Miscellaneous</p> <p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)</p> <p>b. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>c. <input type="checkbox"/> Other:</p>																																																						
<p>3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.</p> <p>a. <input checked="" type="checkbox"/> Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith.</p> <p>i. <input checked="" type="checkbox"/> RCE fee of \$790.00 (large entity) required under 37 CFR 1.17(e)</p> <p>ii. <input type="checkbox"/> One-month extension of time fee of \$120.00</p> <p>iii. <input type="checkbox"/> An extension for _____ has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total amount of extension now requested.</p> <p>iv. <input checked="" type="checkbox"/> Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.</p> <p>v. <input type="checkbox"/> Suspension of action fee of \$130.00 (37 CFR 1.17(i))</p> <p>vi. <input type="checkbox"/> Other:</p> <p>vii. <input type="checkbox"/> Claim fee</p>								<p>\$790.00</p>																																														
<table border="1"> <thead> <tr> <th>CLAIM FEE</th> <th>CLAIMS REMAINING AFTER AMENDMENT</th> <th></th> <th>HIGHEST NUMBER PREVIOUSLY PAID FOR</th> <th>EXTRA CLAIMS PRESENT</th> <th>RATE</th> <th>ADD'L CLAIM FEE</th> <th>RATE</th> <th>ADD'L CLAIM FEE</th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>15</td> <td>MINUS</td> <td>20</td> <td>= 0</td> <td>x 25=</td> <td>\$</td> <td>x 50=</td> <td>\$0.00</td> </tr> <tr> <td>INDEPENDENT</td> <td>1</td> <td>MINUS</td> <td>3</td> <td>= 0</td> <td>x 100=</td> <td>\$</td> <td>x 200=</td> <td>\$0.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="5">FIRST PRESENTATION OF MULTIPLE CLAIM</td> <td>+ 180=</td> <td>\$</td> <td>+ 360=</td> <td>\$</td> </tr> <tr> <td align="right" colspan="8">Claim fee total</td> <td></td> </tr> </tbody> </table>									CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE	TOTAL	15	MINUS	20	= 0	x 25=	\$	x 50=	\$0.00	INDEPENDENT	1	MINUS	3	= 0	x 100=	\$	x 200=	\$0.00	<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE CLAIM					+ 180=	\$	+ 360=	\$	Claim fee total								
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<p align="center">Total amount to be charged to Deposit Account</p>								<p>\$790.00</p>																																														
<p>b. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216</p>																																																						

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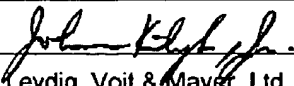
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NO. 4182 P. 3

OCT 27 2006

In re Application of Onishi et al.
Application No. 10/717,131

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL
(CONTINUED)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	John Kilyk, Jr.	Registration No. (Attorney/Agent)	30,763
Signature		Date	October 27, 2006
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)

MAILING/TRANSMISSION CERTIFICATE UNDER 37 CFR 1.8 OR 1.10			
I hereby certify that this document and all accompanying documents are, on the date indicated below, being facsimile transmitted to the U.S. Patent and Trademark Office at fax number: (571) 273-8300.			
Name (Print/Type)	John Kilyk, Jr.		
Signature		Date	October 27, 2006